

INDIVIDUALIZED SERVICES AND PORTABILITY GUIDELINES

The policies and procedures referenced in this document are subject to change by the Developmental Disabilities Program Management Staff as the Individualized Service System evolves over time.

VACANCIES

In the case of a Developmental Disabilities Program service recipient's death, exiting services, or movement out of State where funds are no longer tied to that individual, another person with Developmental Disabilities may be screened from the waiting list into the agency or an individual from the Porting List may assume the opening. It is at the Providers discretion which process to apply.

Individuals in services with portable funds may port to a vacancy and the associated vacancy, will in turn, then be transferred to the provider the person ported from. Currently, until further notice, two amendments are needed.

PORTING

An individual should notify their Case Manager of a desire to port. The Case Manager must immediately notify members of the IP Team in writing of the individual's desire to port. The Case Manager will notify the State Central Office and request that the individual's name be placed on the Porting List.

If the individual wishes to port from a congregate setting to a supported living setting a new MONA must be completed to determine the dollar amount needed to sustain the health and safety of the individual. If the new MONA amount is more than the original amount to sustain health and safety in the desired living arrangement the port will only take place if the health and safety of the individual is in jeopardy in the current living arrangement and this has been substantiated and approved by the Regional Manager.

Individuals who are not part of the **Rates Reimbursement System** may port to "like services." This means that there will be portability within a service category, except with congregate residential settings, service category 31-34 Community Home where an individual may port to any of the Community Home settings that are age appropriate as well as Supported Living service 991 – Congregate.

When an opening occurs due to a port, the provider with the opening will be able to choose which individual will be taken based on level of need, resource allocation, and compatibility.

Once the individual has been accepted by a provider to port to their services the IP Team must be notified so that they may review the new service plan information to assure that the individual's needs will be met and the port will not pose any health and safety risks. Procedures outlined in the IP handbook in regard to transition planning will be followed.

A. Reports

The Weekly Statewide Group Home Opening Report will continue to be distributed by DDP Central Office, as will the Weekly Porting Information Report which will include a section listing individuals who have indicated a desire to port and will include the following information:

- the region in which the individual currently receives services,
- the city in which the individual currently receives services,
- where the individual would like to port to,
- what services they require,
- the name and phone number of their Case Manager, and
- the contact information for their current provider.

Case Managers will submit this information to DDP Central Office.

A second section will include information submitted by Providers to DDP Central Office describing porting opportunities they have available.

B. Notification Periods

When an individual in services decides to accept an offer to port he/she must give notice in writing to the current provider. The date on the written notice will serve as the date the 90 calendar days porting period begins and is not to be confused with the date the Case Manager notifies the IP Team.

A provider wishing to exit an individual from services will be required to give notification 90 calendar days prior to the date set for exiting the individual from services. Upon notification of intent to exit the provider must request a special transition IP meeting to develop a transition plan for the individual exiting services. This transition IP meeting must be held within 10 working days after notification. The 90 day time period may be decreased if agreed upon by all parties involved. This notification must be made in writing to the Regional Manager, Central Office, and members of the IP team.

If an individual not participating in the Rates Reimbursement System is given 90 calendar days notification to prepare to exit a provider's service and the individual's cost plan is not sufficient to fund a like service then the individual and the individual's team may look at unlike services as long as the team believes the new services will protect the individuals health and safety. The funds available will be those funds referenced in Appendix B of the State Developmental Disabilities Program contract. Funds for individuals who are exited to the Montana Developmental Center will be governed by the guidelines referenced in the Montana Developmental Center section of this document.

A provider wishing to exit an individual from services due to client behaviors must follow the process outlined in the Developmental Disabilities Policy #481, "Exit From Vocational, Community Homes and Transportation Services Policy."

C. Provider's Selection and Grievance Process

All providers receiving DDP funds will be required to have policies and procedures outlining how they will select individuals interested in porting. Individuals who are not selected may use the provider's internal grievance process or the State's Fair Hearing Process.

D. Porting of Funds

The Resource Allocation referenced in Appendix B, for individuals not in the Rates Reimbursement System, or the Individual Cost Plan (ICP), for those individuals in the Rates Reimbursement System contains the total allocation information for each individual per service. If a port takes place, the amount that goes to the receiving provider(s) will be the pro-rated balance of the individual's annual resource allocation listed in Appendix B, if they are not in the Rates Reimbursement System or their Individual Cost Plan (ICP), if they are in the Rates Reimbursement System, unless negotiated otherwise between the affected providers. In cases where unusual circumstances affect the remaining amount of the annual resource allocation, negotiations will occur with Regional Managers.

Individuals that move from the Rates Reimbursement System to a Contracting System will retain their MONA and individual cost plans. They will port the remaining funds from their individual cost plans, (unless it is the beginning of the fiscal year then it will be their annualized dollar amount) which will be entered on Appendix B separately. Their funds will be separated out by service category and will not be averaged in with funding for other individuals in those service categories. Providers must agree to provide the individuals service needs in order to assure health and safety.

Those individuals moving from a Contracting System to a Rates Reimbursement System will have a MONA and an individual cost plan and will participate fully in the Rates Reimbursement System.

Trial periods will be handled as they currently are, with the state payment going to the originating provider and the financial arrangements worked out between the providers. Any trials should take place during the notification period.

Montana Developmental Center

When a vacancy is created due to an individual being placed in **the Montana Developmental Center** and the individual is not expected to leave within 90 days, the individual's resource allocation dollars will be amended out of the provider's contract immediately and the dollars will be placed in a pool to be used by residents of the Montana Developmental Center to transfer to community services. **Individuals transferring out of Montana Developmental Center will have a Montana Resource Allocation Protocol (MONA) completed which will guide the funding for the community cost plan.** Individuals exiting the Montana Developmental Center may receive these services from any Developmental Disabilities Program Qualified Provider. If the individual entering the Montana Developmental Center is a rates reimbursement system member the same process will apply. If no one in the facility meets the criteria for community placement, the region where the individual had been served may use the dollars as specified in the vacancy policy listed on page one of this document.

INDIVIDUAL COST PLAN

Those individuals in services that currently require Individual Cost Plans, including IFES, fully converted Supported Living, Community Supports, and those individuals in the pilot, will continue to have them.

SERVICES

The service categories and codes will basically stay the same. All residential settings will eventually be categorized as 'Habilitation and Support – Residential' as it is in the Waiver.

PORTABLE SERVICE CATEGORIES

Habilitation & Support – Residential

Supported Living

On-Site Overnight	(SL On-Site Overnight	– 91)
On-Call Overnight	(SL On-Call Overnight	– 92)
No Overnight	(SL No Overnight	– 93)
Congregate	(SL Congregate	– 991)

Community Home

Adult Home	(Community Home	– 31)
Intensive Home	(Community Home	– 32)
Senior Home	(Community Home	– 33)
Children's Home	(Community Home	– 34)

Habilitation & Support - Day

Supported Employment	(Work Day	– 11)
Prevocational (Facility)	(Work Day	– 12)
Intensive	(Work Day	– 13)
Senior	(Work Day	– 14)
Comb SE & Facility	(Work Day	– 15)
Children's	(Work Day	– 16)

IFES – 75)

Transportation	(Not For Profit	– 21)
	(Profit	– 22)

Rates Reimbursement System –170

TRANSPORTATION

Individuals will remain with their current Transportation Only provider for the full year unless they request otherwise prior to May 1st before the upcoming State fiscal year. The only other time the individual may change Transportation Only providers is if they are porting to another community. In cases where the transportation dollars are already specified in a cost plan, when an individual ports that amount will port with them – pro-rated for the remainder of the current fiscal year. For transportation not specified in a cost plan: (1) the Regional Manager will oversee the collection and review of the ride data during the previous 12 months for that provider and individual. The ride ratio for the previous year will be pro-rated and used to determine the amount that will port to the new provider. If the individual has not been with the provider for a full 12 months, the number of rides will be based on the average per month for the months that the individual was with that provider. (2) An amount agreed upon by the sending provider, receiving provider and the Department will port with them. This often is the total transportation contract amount divided by the number of contracted individuals served then pro-rated for the remainder of the fiscal year.

Although Transportation providers have already been asked to keep ride logs, it becomes crucial at this time that they do so in order to calculate the correct amount in the case of a port.

The Transportation contract will be similar to contracts of other Developmental Disabilities Program Service Providers, but will only have units, number of individuals, and contract dollars listed - not each individual.

CONTRACTING

Appendix B to the Contract currently contains the Resource Allocation. The Resource Allocation Sheet in Appendix B will contain the service and resource allocation information on those individuals who are with the provider.

The Resource Allocation Sheets will be created through the efforts of the Developmental Disabilities Service Providers, the Regional Managers and the Disability Services Division Central Office Staff. The Regional Managers and their staff will maintain the Resource Allocation Sheet with assistance from Disability Services Division Central Office Staff.

INVOICING

Invoicing for individuals ***not in the Rates Reimbursement System*** will remain the same. For individuals in the **Rates Reimbursement System**, invoicing will be per instructions from Central Office.

QUALIFIED PROVIDER

The requirements for those agencies or individuals wishing to become Qualified Providers are available from Regional Managers. Current service providers will need to submit a brief plan in order to expand their services. The criteria for the brief plan is included in the application packet.

ANNUAL EXPENDITURE REPORTS

Because of CMS reporting requirements, Annual Expenditure Reports will be required and must contain detailed information on all Waiver Services.